

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/02/ 2002.

I. DISPUTE

Whether there should be additional reimbursement for Ambulatory Surgical Center care for 11/28/2001.

II. RATIONALE

The requestor submitted an EOB with the denial code of "M" No MAR/ASC reimbursement is based on fees established to be fair and reasonable in your geographical area. Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The requestor billed \$2,134.32 for the Ambulatory Surgical Center care; the respondent paid \$508.65 leaving a balance of \$1,625.67. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor submitted redacted EOBs that indicate that their charges were fair and reasonable.

The Respondent did not submit a response to the initial request. Therefore, review of this file is based solely on the requestor's information.

The redacted EOBs do reflect similar treatment as identified in this dispute. The evidence submitted also indicates that the Requestor has accepted reimbursements from other insurance carriers from a range of 90% to 100%. On this basis, additional reimbursement at 90% of the total amount billed is recommended. (90% of \$2,134.32 is \$1,920.89 minus the amount already paid \$508.65 equals \$1,412.24).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for Ambulatory Surgical Care in the amount of **\$1,412.24**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,412.24** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 10th day of September 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb